

A mother-friendly hospital, birth center, or home birth service

Step 9: Discourages non-religious circumcision of the newborn.

<i>Discouraging nonreligious circumcision of the newborn</i>	
Policy number 9	
Objective: To inform parents about circumcision of the newborn male.	
Key points:	
<ul style="list-style-type: none"> • The American Academy of Pediatrics, believes circumcision decision up to parents – and supports use of anesthetics for infants who have the procedure. (6) • A markedly lower risk of acquiring HIV, the virus that causes AIDS. (3,4,5) • A significantly lower risk of acquiring a number of other sexually transmitted infections (STIs), including genital herpes (HSV), human papilloma virus (HPV), and syphilis. 3,4,5) • A slightly lower risk of urinary tract infections (UTIs). A circumcised infant boy has about a 1 in 1,000 chance of developing a UTI in the first year of life; an uncircumcised infant boy has about a 1 in 100 chance of developing a UTI in the first year of life.(5) • The effect of circumcision on men's sexual enjoyment and activity later in life is not known (2). • There is no evidence that circumcision has to be performed on newborns in order to provide the beneficial effects which are seen later on in life (1). • While routine circumcision is widely practiced, the small medical benefits of circumcision lead many to consider routine circumcision to be a cosmetic procedure (7) 	
Implementation points:	1: Information on circumcision will be provided to parents and guardians regarding the benefits, risks and outcomes of circumcision. This information will be provided <i>before</i> delivery and available in the orientation packet.
	2. Parents will be advised of the risk-benefit profile of all circumcisions.
	3. Parents and guardians will be educated on the various types and methods of circumcisions available.
	4. Parents and guardians will be educated on care of the uncircumcised male including proper hygiene.
	5. Parents and guardians should be advised of the fact that men can chose to be circumcised later on in life if they wish it. However, it then becomes a major surgical procedure.

References

1. The Journal of Prenatal Education, winter 2007, Volume 16, Number 1, pg. 77S-78S.

2. Darby, R., Svoboda, S. (2007) A rose by any other name: Rethinking the similarities and differences between male and female genital cutting. *Medical Anthropology Quarterly* 21 (3), 302-323.
3. World Health Organization (2009). Traditional Male Circumcision. WHO reference number: 9789241598910.
<http://www.who.int/reproductivehealth/publications/rtis/9789241596169/en/>.
4. World Health Organization, Department of Reproductive Health and Research and Joint United Nations Programme on HIV/AIDS (UNAIDS) (2007). Male circumcision: global trends and determinants of prevalence, safety and acceptability.
5. Circumcision: Information for Parents (Copyright © 2007 American Academy of Pediatrics, Updated 5/2013) <http://www.healthychildren.org/english/ages-stages/prenatal/decisions-to-make/pages/Circumcision.aspx>.
6. Mayo Clinic (2012) Circumcision, why its done. Health Information.
<http://www.mayoclinic.com/health/circumcision/MY01023/DSECTION=why%2Dits%2Ddone>
7. American Academy of Family Physicians, (2007). Circumcision: Position Paper on Neonatal Circumcision Pediatrics & Child Health Division.
<http://www.aafp.org/patient-care/clinical-recommendations/all/circumcision.html>.
8. The Royal Australasian College of Physicians (2012). Circumcision of Male Infants. Wales, Australia. <http://onlinelibrary.wiley.com/doi/10.1111/j.1445-5994.2012.02823.x/full>.
9. Circumcision Policy Statement (2012). PEDIATRICS Vol. 130 No. 3 September 1, 2012. pp. 585 -586. (doi: 10.1542/peds.2012-1989)
10. Kaiser Permanente (2004). Newborn circumcision information. *Healthy kids, healthy futures*. The Permanente Medical Group retrieved on October 31st 2008 from <http://www.permanente.net/homepage/kaiser/pdf/3558.pdf>